MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/518 434

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/					51				/			101
2		/						52				/			102
3		/						53				/			103
4								54				/			104
5								55				/			105
6								56				/			106
7								57				/			107
8								58				/			108
9								59				/			109
10								60				/			110
11								61				/			111
12								62			/				112
13								63				/			113
14								64				/			114
15								65				/			115
16								66				/			116
17								67				/			117
18								68				/			118
19								69				/			119
20								70				/			120
21								71				/			121
22	/		/					72				/		/	122
23		/						73				/			123
24		/						74				/			123
25		/						75				/			
26								76				/			
27				/				77				/			
28				/				78				/			
29				/				79							
30				/				80				/			
31				/				81				/			
32				/				82			/				
33				/				83							
34				/				84							
35				/				85							
36				/				86							
37				/				87							
38				/				88							
39				/				89							
40				/				90							
41				/				91							
42	/		/					92							
43		/						93							
44		/						94							
45		/						95							
46		/						96							
47								97							
48		/						98							
49		/						99							
50		/						100							
TOTAL IND.	↓		↓		↓			TOTAL IND.			↓		↓		
TOTAL DEP.	←		←		←			TOTAL DEP.			←		←		
TOTAL CLAIMS								TOTAL CLAIMS							

PTO-1360 (REV. 2/03)